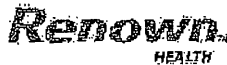


EXHIBIT G

EXHIBIT G

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Renown Urgent Care Ryland

975 Ryland Suite 101 - Reno, NV 89502-1669

Phone: 775-982-5000 - Fax: 775-982-5220

Occupational Health Network Progress Report and Disability Certification

Date of Service: 7/27/2016		No Show: No		Date / Time of Next Visit: 08/04/2016 @ 3:00 PM	
Claim Information					
Patient Name: Lucero Sanchez			Claim Number:		
Employer: RENOWN			Date of Injury: 7/26/2016		
Insurer / TPA: WORKERS CHOICE			ID / SSN:		
Occupation: Cashier			Diagnosis: Diagnoses of Encounter for drug screening, Right knee injury, initial encounter, Left knee injury, initial encounter, Fall, initial encounter, Strain of right knee, initial encounter, and Strain of left knee, initial encounter were pertinent to this visit.		
Medical Information					
Related to Industrial Injury? Yes					
Subjective Complaints: DOI 7/26/16. Tripped and fell over cords while closing the cash register. Fell on both knees on hard flooring. Has not taken any NSAID for pain. Only able to take Tylenol due to gastric sleeve. No ice application to knees, no elevation of legs. State					
s worked 8 hr shift today with 8/10 pain. C/o increased pain with ambulation, climbing stairs and bending knees. State has to carry heavy boxes which increases knee pain. Denies numbness/tingling.					
Objective Findings: Right knee swelling at top of knee at femur/knee junction, no abrasion, laceration or bruising seen at right knee. Pain with straight leg raise without decreased ROM. Left knee swelling and TTP to left lateral aspect of knee joint that radiates pain					
at posterior knee joint especially with straight leg raise, decreased ROM with flexion and extension of right knee due to discomfort. Favors L>R leg with ambulation. Sin sensation intact. Skin p/w/d. Equal strength with pushing of foot but invokes pain in L>R.					
Pre-Existing Condition(s):					
Assessment: Initial Visit					
Status: Additional Care Required			Permanent Disability: No		
Plan: Medication					
Comments: Tylenol as needed for pain, may use Voltaren cream as directed for pain.					
Diagnostics: X-ray					
Comments: both knee xrays					
Comments: No fractures seen on knee xrays					
Disability Information					
Status: Released to Restricted Duty					
From: 7/27/2016			Restrictions are: Temporary		
Through: 8/3/2016					
Physical Restrictions					
Sitting:		Standing:		Stooping:	
		Comments: may take frequent breaks every 2 hrs to sit down		0 hrs/day	
Bending:		Squatting:		Walking:	
0 hrs/day		0 hrs/day		0 hrs/day	
Pulling:		Other:		Pushing:	
				Reaching Above Shoulder (L):	
				Reaching Below Shoulder (L):	
				Reaching Above Shoulder (R):	
				Reaching Below Shoulder (R):	
Not to exceed Weight Limits					
Carrying (hrs): 0		Weight Limit (lb): < or = to 10 pounds		Lifting (hrs): 0	
				Weight Limit (lb): < or = to 10 pounds	
Comments: May use Tylenol as needed for pain, May use ice application for swelling as needed, May take frequent breaks every 2 hrs to ice/elevate both legs, May use OTC topical analgesic as needed for pain, May use prescribed anti-inflammatory gel as prescribed for pain, Recheck in 1 week					
Repetitive Actions					
Hands: i.e. Fine Manipulations from Grasping:					

07/28/2016

CONFIDENTIAL

RENOWN006590

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Driving / Operate Machinery:			
Physician Name: Marisa Rodriguez		Physician Signature: e-Sign: RODRIGUEZ, MARISA, F.N.P.	e-Signature: Dr. Tibor Toplenszky, Medical Director
Clinic Name / Location:	Renown Urgent Care Ryland 975 Ryland Suite 101 Reno, NV 89502-1669	Clinic Phone Number:	Dept: 775-982-5000
Appointment Time:	4:00 PM	Visit Start Time:	
Check-In Time:	4:10 PM	Visit Discharge Time:	5:20 PM

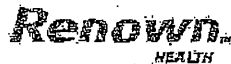
Original-Treating Physician or Chiropractor Page 2-Insurer/TPA Page 3-Employer Page 4-Employee

07/28/2016

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RENOWN006591

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Renown Occupational Health - Ryland
 975 Ryland, Suite 102 - Reno, NV 89502-1668
 Phone: 775-982-4754 - Fax: 775-982-4704

Occupational Health Network Progress Report and Disability Certification

Date of Service: 8/4/2016	No Show: No	Date / Time of Next Visit: 8/11/2016 @ 11:30AM
Claim Information		
Patient Name: Lucero Sanchez	Claim Number:	
Employer: RENOWN	Date of Injury: 7/26/2016	
Insurer / TPA: Workers Choice	ID / SSN:	
Occupation: Cashier	Diagnosis: Diagnoses of Strain of left knee, subsequent encounter and Strain of right knee, subsequent encounter were pertinent to this visit.	
Medical Information		
Related to Industrial Injury? Yes		
Subjective Complaints: DOI 7/26/16. Tripped and fell over cords while closing the cash register. Fell on both knees on hard flooring. She reports today that her knees have not improved. She continues with right knee pain anteriorly and left knee pain posterolateral. She states that at work she is unable to follow restrictions due to requirements of job. She has no help at work from 8am - 10am and her job has no one to cover for her and so she does a lot of walking, standing and getting orders. She never received the script for the diclofenac gel. Has taken Tylenol with little relief.		
Objective Findings: Left Knee: No gross deformity. TTP posterolaterally, diffuse. Full ROM with pain in flexion. Ant/Post drawer test negative. McMurray's negative. Unable to squat due to pain.		
Right Knee: Some anterolateral swelling of knee. TTP anteriorly, diffuse. Full ROM with pain in flexion. Ant/Post drawer test negative. McMurray's inconclusive. Unable to squat due to pain.		
Pre-Existing Condition(s):		
Assessment: Condition Same		
Status: Additional Care Required	Permanent Disability: No	
Plan: Medication		
Diagnostics:		
Comments: X-Rays were negative for any acute abnormalities. Reordered diclofenac gel. Gave patient knee braces for both knees.		
Disability Information		
Status: Released to Restricted Duty		
From: 8/4/2016	Restrictions are: Temporary	
Through: 8/11/2016		
Physical Restrictions		
Sitting:	Standing: < or = to 2 hrs/day	Squatting:
Squatting:	Walking: < or = to 2 hrs/day	Pushing:
Pulling:	Other:	Reaching Above Shoulder (L):
		Reaching Below Shoulder (L):
		Reaching Above Shoulder (R):
		Reaching Below Shoulder (R):
Not to exceed Weight Limits		
Carrying(hrs):	Weight Limit(lb):	Lifting(hrs):
		Weight Limit(lb): < or = to 10 pounds
Comments: Seated work 75% of time. Minimize squatting. Please allow worker to sit/stand to comfort. Provide chair if needed. Allow breaks every 2 hours to sit with legs elevated for 15 minutes. Accommodate for knee braces.		
Repetitive Actions		
Hands: i.e. Fine Manipulations from Grasping:		
Feet: i.e. Operating Foot Controls:		
Driving / Operate Machinery:		
Physician Name: Alan N Taylor	Physician Signature: e-Sign TAYLOR, ALAN N D.O.	e-Signature: Dr. Tibor Toplenszky, Medical Director
Clinic Name / Location: Renown Occupational Health - Ryland 975 Ryland, Suite 102 Reno, NV 89502-1668	Clinic Phone Number:	Dept: 775-982-4754
Appointment Time: 3:00 PM	Visit Start Time:	2:38 PM

08/05/2016

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RENOWN006592

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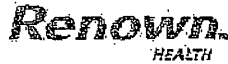
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Original-Treating Physician or Chiropractor Page 2-Insurer/TPA Page 3-Employer Page 4-Employee			

08/05/2016

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RENOWN006593

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Renown Occupational Health - Ryland
 975 Ryland, Suite 102 - Reno, NV 89502-1668
 Phone: 775-982-4754 - Fax: 775-982-4704

Occupational Health Network Progress Report and Disability Certification

Date of Service: 8/11/2016		No Show: No		Date / Time of Next Visit: 8/25/2016 @ 9:00 AM	
Claim Information					
Patient Name: Lucero Sanchez			Claim Number:		
Employer: RENOWN			Date of Injury: 7/26/2016		
Insurer / TPA: Workers Choice			ID / SSN:		
Occupation: Cashier			Diagnosis: Diagnoses of Strain of left knee, subsequent encounter and Strain of right knee, subsequent encounter were pertinent to this visit.		
Medical Information					
Related to Industrial Injury? Yes					
Subjective Complaints: DOI 7/26/16. Tripped and fell over cords while closing the cash register. Fell on both knees on hard flooring. She states that her knees have minimally improved. She is using the diclofenac gel with some improvement in her symptoms. She states that the knee braces help with pain with walking and she has been able to walk with them better. The workplace is reduced her hours to the restrictions. She feels that she would like a trial of full duty to see if she can do her normal job.					
Objective Findings: Right knee: No gross deformity minimal swelling on the lateral aspect. Tender to palpation on the lateral aspect of knee. Full range of motion but pain with knee flexion. Anterior posterior drawer signs are negative. McMurray's elicits pain. Pain with varus and valgus stress.					
Left knee: No gross deformity. Tender to palpation on the lateral and posterior aspect of knee. Full range of motion but pain with knee flexion. Anterior posterior drawer signs are negative. McMurray's elicits pain. Pain with varus and valgus stress. Able to squat pain.					
Pre-Existing Condition(s):					
Assessment: Condition Same					
Status: Additional Care Required			Permanent Disability: No		
Plan: PT					
Diagnostics:					
Comments: We'll refer to PT for continuing symptoms. Will allow patient to attempt trial of full duty with accommodation for knee braces. Follow up in 2 weeks for reevaluation.					
Disability Information					
Status: Released to Full Duty					
From: 8/11/2016			Restrictions are: Temporary		
Through: 8/25/2016					
Physical Restrictions					
Sitting:		Standing:		Stooping:	
Squatting:		Walking:		Pushing:	
Pulling:		Other:		Reaching Above Shoulder (L):	
				Reaching Below Shoulder (L):	
				Reaching Above Shoulder (R):	
				Reaching Below Shoulder (R):	
Not to exceed Weight Limits					
Carrying(hrs):		Weight Limit(lb):		Lifting(hrs):	
				Weight Limit(lb):	
Comments: Please accommodate for knee braces.					
Repetitive Actions					
Hands: I.e. Fine Manipulations from Grasping:					
Feet: I.e. Operating Foot Controls:					
Driving / Operate Machinery:					
Physician Name: Alan N Taylor		Physician Signature: e-Sign: TAYLOR, ALAN N D.O.		e-Signature: Dr. Tibor Toplenszky, Medical Director	
Clinic Name / Location:	Renown Occupational Health - Ryland 975 Ryland, Suite 102 Reno, NV 89502-1668			Clinic Phone Number:	Dept: 775-982-4754

08/11/2016

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RENOWN006594

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Appointment Time:	11:30 Am	Visit Start Time:	11:25 AM
Check-In Time:	11:17 Am	Visit Discharge Time:	12:04 PM

Original-Treating Physician or Chiropractor Page 2-Insurer/TPA Page 3-Employer Page 4-Employee

CONFIDENTIAL

08/18/2016 17:45 Renown Damonte Urgent Care

(FAX) 775 852 2390

P.002/003

Renown
HEALTHRenown Urgent Care Damonte
197 Damonte Ranch Pkwy Unit A And B - Reno, NV 89521-2960
Phone: 775-982-5000 - Fax: 775-982-2926**Occupational Health Network Progress Report and Disability Certification**

Date of Service: 8/18/2016	No Show: No	Date / Time of Next Visit: 8/25/2016
Claim Information		
Patient Name: Lucero Sanchez	Claim Number:	
Employer: RENOWN ***	Date of Injury: 7/26/2016	
Insurer / TPA: Workers Choice ***	ID / SSN:	
Occupation: Cashier ***	Diagnosis: Diagnoses of Contusion of right knee, subsequent encounter, Strain of right knee, subsequent encounter, Contusion of left knee, subsequent encounter, and Strain of left knee, subsequent encounter were pertinent to this visit.	
Medical Information		
Related to Industrial Injury? Yes ***		
Subjective Complaints: DOI 7/26/16, Tripped and fell over cords and fell on both knees hard on the ground. Had negative x-rays. Seen in O/U in occupational health 8/4/16 and 8/11/16. Prescribed diclofenac gel which helps a little. Knee braces help a little. At her last visit she requested to go back to full regular duty because she wasn't getting her hours and wasn't getting paid. She has tried full regular duty but it is too painful and her right knee is swelling worse than before.		
Objective Findings: Right knee with swelling, tip medial and lateral joint line, flexion and extension reduced d/t pain and stiffness. Left knee with minimal swelling, non-tender but ROM limited d/t pain.		
Pre-Existing Condition(s):		
Assessment: Condition Worsened		
Status: Additional Care Required	Permanent Disability: No	
Plan: Medication PT		
Comments: continue diclofenac gel, starting PT on Monday		
Diagnostics:		
Comments:		
Disability Information		
Status: Released to Restricted Duty		
From: 8/18/2016	Restrictions are: Temporary	
Through: 8/25/2016		
Physical Restrictions		
Sitting:	Standing: < or = to 2 hrs/day	Stooping:
Squatting:	Walking: < or = to 2 hrs/day	Pushing:
Pulling:	Other:	Reaching Above Shoulder (L):
		Reaching Above Shoulder (R):
		Reaching Below Shoulder (L):
		Reaching Below Shoulder (R):
Not to exceed Weight Limits		
Carrying(hrs):	Weight Limit(lb):	Lifting(hrs):
		Weight Limit(lb):
Comments: Seated work 75% of time. Minimize squatting. Please allow worker to sit/stand to comfort. Provide chair if needed. Allow breaks every 2 hours to sit with legs elevated for 15 minutes. Accommodate for knee braces.		
Repetitive Actions		
Hands: i.e. Fine Manipulations from Grasping:		
Feet: i.e. Operating Foot Controls:		
Driving / Operate Machinery:		
Physician Name: Hillary G Wilson	Physician Signature: e-Sign WILSON, HILLARY G PA-C	e-Signature: Dr. Tibor Toplenszky, Medical Director
Clinic Name / Location: Renown Urgent Care Damonte 197 Damonte Ranch Pkwy Unit A And B Reno, NV 89521-2960	Clinic Phone Number:	Dept: 775-982-5000
Appointment Time: 5:30 PM	Visit Start Time:	5:30 PM

Received on 8/18/2016 6:02:33 PM [Pacific Daylight Time]

08/19/2016

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RENOWN006596

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08/18/2016 17:48 Renown Damonte Urgent Care

(FAX) 775 852 2360

P.003/003

Check-In Time:	5:28 PM	Visit Discharge Time:	***
Original-Treating Physician or Chiropractor Page 2-Insurer/TPA Page 3-Employer Page 4-Employee			

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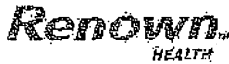
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08/19/2016

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RENOWN006597

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Renown Occupational Health - Ryland
 975 Ryland, Suite 102 - Reno, NV 89502-1668
 Phone: 775-982-4754 - Fax: 775-982-4704

Occupational Health Network Progress Report and Disability Certification

Date of Service: 8/25/2016	No Show: No	Date / Time of Next Visit: 9/15/2016 @ 8:40AM
Claim Information		
Patient Name: Lucero Sanchez	Claim Number:	
Employer: RENOWN	Date of Injury: 7/26/2016	
Insurer / TPA: Workers Choice	ID / SSN:	
Occupation: Cashier	Diagnosis: Diagnoses of Strain of left knee, subsequent encounter and Strain of right knee, subsequent encounter were pertinent to this visit.	
Medical Information		
Related to Industrial Injury? Yes		
Subjective Complaints: DOI 7/26/16. Tripped and fell over cords and fell on both knees hard on the ground. Had negative x-rays. She had been released to full duty 2 weeks ago, but wasn't able to tolerate and so a few days later she was seen at urgent care restrictions were placed. She states that she has felt some improvement in her left knee but continues with pain on the lateral aspect of the left knee. Her right knee has not improved at all since last visit, she states that she occasionally feels like it's come to give out. She uses knee braces as needed. She continues with diclofenac gel once which helps a little bit. She states that from 6-10 there is no one else at her station and so she cannot follow the work restrictions during that time. She states they were looking for another job for her to do temporarily, but have yet to resolve and her. She notes that she attended one session of PT but due to physical therapist illness to cancel today's session and was unable to schedule until September 14.		
Objective Findings: Right knee: No gross deformity minimal swelling on the lateral aspect. Tender to palpation on the lateral aspect of knee. Full range of motion but pain with knee flexion. Anterior posterior drawer signs are negative. McMurray's elicits pain. Pain with varus and valgus stress.		
Left knee: No gross deformity. Minimally tender to palpation on the lateral and posterior aspect of knee. Full range of motion but pain with knee flexion. Anterior posterior drawer signs are negative. McMurray's elicit s pain. Pain with varus and valgus stress. Able to squat with pain.		
Pre-Existing Condition(s):		
Assessment: Condition Same		
Status: Additional Care Required		Permanent Disability: No
Plan:		
Diagnostics:		
Comments: Continue PT		
Continue to use knee braces as needed		
Continue diclofenac gel		
Follow-up 3 weeks		
Disability Information		
Status: Released to Restricted Duty		
From: 8/25/2016		Restrictions are: Temporary
Through: 9/15/2016		
Physical Restrictions		
Sitting:	Standing: < or = to 2 hrs/day	Stooping:
Squatting:	Walking: < or = to 2 hrs/day	Climbing:
Pulling:	Other:	Pushing:
Reaching Above Shoulder (L):		Reaching Above Shoulder (R):
Reaching Below Shoulder (L):		Reaching Below Shoulder (R):
Not to exceed Weight Limits		
Carrying(hrs):	Weight Limit(lb):	Lifting(hrs):
Weight Limit(lb):		
Comments: Seated work 75% of time. Allowed to elevate legs periodically throughout the day. Allow to sit/stand to comfort. Accommodate for knee braces.		

08/26/2016

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RENOWN006598

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Repetitive Actions			
Hands; i.e. Fine Manipulations from Grasping:			
Feet; i.e. Operating Foot Controls:			
Driving / Operate Machinery:			
Physician Name: Alan N Taylor		Physician Signature: e-Sign TAYLOR, ALAN N D.O.	e-Signature: Dr. Tibor Teplenszky, Medical Director
Clinic Name:	Renown Occupational Health - Ryland 975 Ryland, Suite 102		Clinic Phone Number:
Location:	Reno, NV 89502-1668		Depts: 775-982-4754
Appointment Time:	9:00 Am	Visit Start Time:	9:06 AM
Check-In Time:	9:03 Am	Visit Discharge Time:	9:39 AM

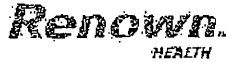
Original-Treating Physician or Chiropractor Page 2-Insurer/TPA Page 3-Employer Page 4-Employee

08/26/2016

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RENOWN006599

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Renown Occupational Health - Ryland
 975 Ryland, Suite 102 - Reno, NV 89502-1668
 Phone: 775-982-4754 - Fax: 775-982-4704

Occupational Health Network Progress Report and Disability Certification

Date of Service: 9/15/2016		No Show: No		Date / Time of Next Visit: 10/4/2016 @ 9:00AM	
Claim Information					
Patient Name: Lucero Sanchez			Claim Number:		
Employer: RENOWN			Date of Injury: 9/6/2016		
Insurer / TPA: Workers Choice			ID:		
Occupation: Cashier			Diagnosis: Diagnoses of Strain of left knee, subsequent encounter and Strain of right knee, subsequent encounter were pertinent to this visit.		
Medical Information					
Related to Industrial Injury? Yes					
Subjective Complaints: DOI 7/26/16. Tripped and fell over cords and fell on both knees hard on the ground. Had negative x-rays. Patient states that she's been able to attend to sessions of physical therapy. She is noted significant improvement in her left knee which he states is about 75% improved. However her right knee is not improved at all. She continues to have pain over the patella and the lateral aspect of the knee especially with squatting or frequent walking. Her employer is not following restrictions and patient states that she has up walking frequently and standing mostly throughout the day. She notes that she has for physical therapy visits left.					
Objective Findings: Right knee: No gross deformity minimal swelling on the lateral aspect. Tender to palpation on the lateral aspect of knee. Full range of motion but pain with knee flexion. Anterior posterior drawer signs are negative. McMurray's elicits pain. Pain with varus and valgus stress. Left knee: No gross deformity. Minimally tender to palpation on the lateral and posterior aspect of knee. Full range of motion but pain with knee flexion. Anterior posterior drawer signs are negative. McMurray's elicits pain. Pain with varus and valgus stress. Able to squat with pain.					
Pre-Existing Condition(s):					
Assessment: Condition Same					
Status: Additional Care Required			Permanent Disability: No		
Plan:					
Diagnostics:					
Comments: Continue physical therapy					
OTC Tylenol as needed					
Continue to use knee brace as needed					
Follow-up 3 weeks					
Disability Information					
Status: Released to Restricted Duty					
From: 9/15/2016			Restrictions are: Temporary		
Through: 10/4/2016					
Physical Restrictions					
Sitting:	Standing:		Squatting:		Bending:
	< or = to 2 hrs/day				
Squatting:	Walking:		Climbing:		Pushing:
	< or = to 2 hrs/day				
Pulling:	Other:		Reaching Above Shoulder (L):		Reaching Above Shoulder (R):
			Reaching Below Shoulder (L):		Reaching Below Shoulder (R):
Not to exceed Weight Limits					
Carrying (hrs):	Weight Limit (lb):		Lifting (hrs):	Weight Limit (lb):	
Comments: Seated work 75% of time. Allowed to elevate legs periodically throughout the day. Allow to sit/stand to comfort. Accommodate for knee braces.					
Repetitive Actions					
Hands: i.e. Fine Manipulations from Grasping:					
Feet: i.e. Operating Foot Controls:					
Driving / Operate Machinery:					
Physician Name: Alan N Taylor		Physician Signature: e-Sign TAYLOR, ALAN N D.O.		e-Signature: Dr. Tibor Toplenszky, Medical Director	

09/15/2016

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RENOWN006600

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Clinic Name/Location:	Renown Occupational Health - Ryland 975 Ryland, Suite 102 Reno, NV 89502-1668	Clinic Phone Number:	Dept: 775-982-4754
Appointment Time:	8:40 AM	Visit Start Time:	8:53 AM
Check-in Time:	8:47 AM	Visit Discharge Time:	9:17 AM

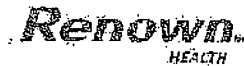
Original-Treating Physician or Chiropractor Page 2-Insurer/TPA Page 3-Employer Page 4-Employee

09/15/2016

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RENOWN006601

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Renown Occupational Health - Ryland
 975 Ryland, Suite 102 - Reno, NV 89502-1668
 Phone: 775-982-4754 - Fax: 775-982-4704

Occupational Health Network Progress Report and Disability Certification

Date of Service: 10/4/2016	No Show: No	Date / Time of Next Visit: 10/25/2016 @ 9am	
Claim Information			
Patient Name: Lucero Sanchez	Claim Number:		
Employer: RENOWN	Date of Injury: 7/26/2016		
Insurer / TPA: Workers Choice	ID:		
Occupation: Cashier	Diagnosis: Diagnoses of Strain of left knee, subsequent encounter and Strain of right knee, subsequent encounter were pertinent to this visit.		
Medical Information			
Related to Industrial Injury? Yes			
Subjective Complaints: DOI 7/26/16. Tripped and fell over cords and fell on both knees hard on the ground. Had negative xrays.			
Patient states her left knee initially improved but is worse in the last couple days especially at night. Her right knee has not shown much improvement. She continues to have pain with walking up and down steps, walking throughout the day. Occasionally feel like the kidneys. She's completed 6 out of 6 physical therapy visits with minimal improvement in the right knee and moderate improvement in the left knee.			
Objective Findings: Right knee: No gross deformity minimal swelling on the lateral aspect. Tender to palpation on the lateral aspect of knee. Full range of motion but pain with knee flexion. Anterior posterior drawer signs are negative. McMurray's positive. Pain with varus and valgus stress.			
Left knee: No gross deformity. Minimally tender to palpation on the lateral and posterior aspect of knee. Full range of motion but pain with knee flexion. Anterior posterior drawer signs are negative. McMurray's elicits pain. Minimal Pain with varus and valgus stress. Able to squat with pain.			
Pre-Existing Condition(s):			
Assessment: Condition Same			
Status: Additional Care Required		Permanent Disability: No	
Plan:			
Diagnostics:			
Comments: Given lack of improvement in right knee will order MRI We'll order more physical therapy for both knees. Continue OTC NSAIDs as needed Follow-up 3 weeks			
Disability Information			
Status: Released to Restricted Duty			
From: 10/4/2016		Restrictions are: Temporary	
Through: 10/25/2016			
Physical Restrictions			
Sitting:	Standing: ≤ or = to 4 hrs/day	Stooping:	Bending:
Squatting:	Walking: ≤ or = to 4 hrs/day	Climbing:	Pushing:
Pulling:	Other:	Reaching Above Shoulder (L):	Reaching Above Shoulder (R):
		Reaching Below Shoulder (L):	Reaching Below Shoulder (R):
Not to exceed Weight Limits			
Carrying(hrs):	Weight Limit(lb):	Lifting(hrs):	Weight Limit(lb):
Comments: Seated work 50% of time. Allowed to elevate legs periodically throughout the day. Allow to sit/stand to comfort. Accommodate for knee braces.			
Repetitive Actions			

10/04/2016

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RENOWN006602

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Hands: i.e. Fine Manipulations from Grasping:			
Feet: i.e. Operating Foot Controls:			
Driving / Operate Machinery:			
Physician Name: Alan N Taylor		Physician Signature: e-Sign TAYLOR, ALAN N D.O.	e-Signature: Dr. Tibor Toptenszky, Medical Director
Clinic Name / Location:	Renown Occupational Health - Ryland 975 Ryland, Suite 102 Reno, NV 89502-1668	Clinic Phone Number:	Dept: 775-982-4754
Appointment Time:	9:00 Am	Visit Start Time:	8:51 AM
Check-In Time:	8:47 Am	Visit Discharge Time:	9:15am

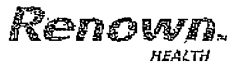
Original-Treating Physician or Chiropractor Page 2-Insurer/TPA Page 3-Employer Page 4-Employee

10/04/2016

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RENOWN006603

CONFIDENTIAL



Renown Occupational Health - Ryland
 975 Ryland, Suite 102 - Reno, NV 89502-1668
 Phone: 775-982-4754 - Fax: 775-982-4704

Occupational Health Network Progress Report and Disability Certification

Date of Service: 10/25/2016	No Show: No	Date / Time of Next Visit: 11/15/2016 @ 9am	
Claim Information			
Patient Name: Lucero Sanchez	Claim Number:		
Employer: RENOWN	Date of Injury: 7/26/2016		
Insurer / TPA: Workers Choice	ID / SSN:		
Occupation: Cashier	Diagnosis: Diagnoses of Strain of left knee, subsequent encounter, Strain of right knee, subsequent encounter, and Osteoarthritis of right knee, unspecified osteoarthritis type were pertinent to this visit.		
Medical Information			
Related to Industrial Injury?			
Comments: MRI moderate to severe osteoarthritis of right knee, likely similar findings on left knee			
Subjective Complaints: DO1 7/26/16. Tripped and fell over cords and fell on both knees hard on the ground. Had negative xrays.			
Patient states that he has not the same however her left knee is hurting more than her right knee. She states that she has difficulty squatting because of pain. She states that they approved another 10 visits for physical therapy.			
Objective Findings: Right knee: No gross deformity minimal swelling on the lateral aspect. Tender to palpation on the lateral aspect of knee. Full range of motion but pain with knee flexion. Anterior posterior drawer signs are negative. McMurray's positive. Pain with varus and valgus stress.			
Left knee: No gross deformity. More tender to palpation on the lateral and posterior aspect of knee. Full range of motion but pain with knee flexion. Anterior posterior drawer signs are negative. McMurray's elicits pain. M			
Initial Pain with varus and valgus stress. Unable to fully squat due to pain			
Pre-Existing Condition(s):			
Assessment: Condition Same			
Status: Additional Care Required		Permanent Disability: No	
Plan:			
Diagnostics:			
Comments: Continue physical therapy			
Referral to Ortho for bilateral knee injections			
OTC Ibuprofen as needed			
Restricted duty			
Follow up three weeks			
Disability Information			
Status: Released to Restricted Duty			
From: 10/25/2016		Restrictions are: Temporary	
Through: 11/15/2016			
Physical Restrictions			
Sitting:	Standing: < or = to 4 hrs/day	Stooping:	Bending:
Squatting:	Walking: < or = to 4 hrs/day	Climbing:	Pushing:
Pulling:	Other:	Reaching Above Shoulder (L):	Reaching Above Shoulder (R):
		Reaching Below Shoulder (L):	Reaching Below Shoulder (R):
Not to exceed Weight Limits			
Carrying(hrs):	Weight Limit(lb):	Lifting(hrs):	Weight Limit(lb):
Comments: Seated work 50% of time. Allowed to elevate legs periodically throughout the day. Allow to sit/stand to comfort			
Repetitive Actions			
Hands: i.e. Fine Manipulations from Grasping:			

10/25/2016

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Feet: i.e. Operating Foot Controls:			
Driving / Operate Machinery:			
Physician Name: Alan N Taylor		Physician Signature: e-Sign TAYLOR, ALAN N D.O.	e-Signature: Dr. Tibor Toplenszky, Medical Director
Clinic Name / Location:	Renown Occupational Health - Ryland 975 Ryland, Suite 102 Reno, NV 89502-1668		Clinic Phone Number: Dept: 775-982-4754
Appointment Time:	9:00 Am	Visit Start Time:	8:51 AM
Check-In Time:	8:46 Am	Visit Discharge Time:	9:30am

Original-Treating Physician or Chiropractor Page 2-Insurer/TPA Page 3-Employer Page 4-Employee

0/25/2016

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RENOWN006608

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Renown Occupational Health - Ryland
 975 Ryland, Suite 102 - Reno, NV 89502-1668
 Phone: 775-982-4754 - Fax: 775-982-4704

Occupational Health Network Progress Report and Disability Certification

Date of Service: 11/18/2016		No Show: No		Date / Time of Next Visit: 12/2/2016 @ 9:00 AM	
Claim Information					
Patient Name: Lucero Sanchez			Claim Number:		
Employer: RENOWN			Date of Injury: 7/26/2016		
Insurer / TPA: Workers Choice			ID / SSN:		
Occupation: Cashier			Diagnosis: Diagnoses of Strain of left knee, subsequent encounter, Strain of right knee, subsequent encounter, and Osteoarthritis of right knee, unspecified osteoarthritis type were pertinent to this visit.		
Medical Information					
Related to Industrial Injury?					
Comments: MRI moderate to severe osteoarthritis of right knee, likely similar findings on left knee					
Subjective Complaints: DOI 7/26/16. Tripped and fell over cords and fell on both knees hard on the ground. Had negative x-rays. MRI of right knee showed moderate to severe osteoarthritis. Patient states that her knee pain has been about the same. She states that her right knee continues to be somewhat worse than left. She states that she has for physical therapy visits left have been helping much lately. She does have an appointment with the orthopedic specialists on November 28.					
Objective Findings: Right knee: No gross deformity minimal swelling on the lateral aspect. Tender to palpation on the lateral and anterior aspect of knee. Full range of motion but pain with knee flexion. Anterior posterior drawer signs are negative. Pain with varus and valgus stress. Left knee: No gross deformity. Diffuse tenderness over lateral and posterior aspects of knee. Full range of motion but pain with knee flexion. Anterior posterior drawer signs are negative. McMurray's elicits pain. Minimal Pain with varus and valgus stress. Unable to fully squat due to pain					
Pre-Existing Condition(s):					
Assessment: Condition Same					
Status: Additional Care Required			Permanent Disability: No		
Plan:					
Diagnostics:					
Comments: Keep appointment with orthopedics Continue Tylenol OTC as needed Continue physical therapy Continue restricted duty Follow-up 2 weeks					
Disability Information					
Status: Released to Restricted Duty					
From: 11/18/2016			Restrictions are: Temporary		
Through: 12/2/2016					
Physical Restrictions					
Sitting:		Standing:		Stooping:	
Squatting:		Walking:		Pushing:	
Pulling:		Other:		Reaching Above Shoulder (L):	
				Reaching Below Shoulder (L):	
				Reaching Above Shoulder (R):	
				Reaching Below Shoulder (R):	
Not to exceed Weight Limits					
Carrying (hrs):		Weight Limit (lb):		Lifting (hrs):	
				Weight Limit (lb):	
Comments: Seated work 50% of time. Allow to sit/stand to comfort					
Repetitive Actions					
Hands: i.e. Fine Manipulations from Grasping:					
Feet: i.e. Operating Foot Controls:					
Driving / Operate Machinery:					
Physician Name: Afan N Taylor		Physician Signature: e-Sign TAYLOR, ALAN N D.O.		e-Signature: Dr. Tibor Toplenszky, Medical Director	

11/18/2016

CONFIDENTIAL

RENOWN006609

CONFIDENTIAL

Clinic Name/Location:	Renown Occupational Health - Ryland 975 Ryland, Suite 102 Reno, NV 89502-1668	Clinic Phone Number:	Dept: 775-982-4754
Appointment Time:	2:30 Pm	Visit Start Time:	2:25 PM
Check-In Time:	2:10 Pm	Visit Discharge Time:	3:10 PM

Original-Treating Physician or Chiropractor Page 2-Insurer/TPA Page 3-Employer Page 4-Employee

CONFIDENTIAL

43 Alan N. Taylor, DO

ORTHOPEDIC SURGICAL ASSOCIATES

85 Kirman Avenue, Suite #303 Reno NV 89502-1344

(775) 329-8423 / Fax (775) 329-7993

James S. Sobieski, M.D.

Donald S. Huene, M.D.

E-724

Patient Name: Lucero Sanchez

Claim #13684 -WC

DOI: 7/26/2016

Complaint: NP/ R knee

Surgery On:

SUBJECTIVE FINDINGS: Rt Knee pain - she turned and tripped on cables, both knees impacted the floor - Right knee is swollen - lateral pain - pain behind her knee - P.T. has not helped -

OBJECTIVE FINDINGS:

RECOMMENDATIONS:

☒ Patient Released to Full Duty without Restrictions on (date) 11/28/16

____ Patient certified Temporarily Disabled From _____ to _____

____ Released to Restricted/Light/Modified Duty on (date) _____

Permanent and Stationary Yes _____ No (No)

Stable Yes _____ No (No) Rateable Yes _____ No (No)

____ No repetitive use of: _____

____ No Sitting _____ No Standing _____ No Pulling _____ No Carrying

____ No Stooping _____ No Lifting _____ No Pushing _____ No Walking

____ No Climbing _____ No Reaching Above Shoulders _____ No Bending at the Waist

____ No Repetitive Gripping or Grasping _____ No Use L/R Upper Extremity

____ Brace On _____ Sedentary Only/Sit Down Only

Lifting Restricted to (lbs) _____

Other: _____

Next Appointment 7 mo Wed. Dec. 28
9:45am

Physician's Signature [Signature] Date 11/28/2016 09:30 AM

X/R

Received on 11/29/2016 2:57:07 PM [Pacific Standard Time]

11/29/2016

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RENOWN006611

43 Alan N. Taylor, DO

ORTHOPEDIC SURGICAL ASSOCIATES

85 Kirman Avenue, Suite #303 Reno NV 89502-1344

(775) 329-8423 / Fax (775) 329-7993

James S. Sobiek, M.D.

Donald S. Huene, M.D.

Patient Name: Lucero Sanchez

Date: 7/26/2016

Surgery On:

Claim #13684 -WC

Complaint: reek- R knee

SUBJECTIVE FINDINGS: Rt Knee reek- post depo/celestone inj.
-the same- still very swollen- still hurts-

OBJECTIVE FINDINGS:

RECOMMENDATIONS:

These notes
were per [unclear]
I, but they
were supposed
to be [unclear]

These notes
were not filed
but [unclear]
[unclear] on [unclear]
[unclear]

☒ Patient Released to Full Duty without Restrictions on (date) 12/28/16
☐ Patient certified Temporarily Disabled From _____ to _____

☐ Released to Restricted/Light/Modified Duty on (date) _____

Permanent and Stationary Yes _____ No _____

Stable Yes _____ No _____ Rateable Yes _____ No _____

☐ No repetitive use of: _____

☐ No Sitting ☐ No Standing ☐ No Pulling ☐ No Carrying

☐ No Stooping ☐ No Lifting ☐ No Pushing ☐ No Walking

☐ No Climbing ☐ No Reaching Above Shoulders ☐ No Bending at the Waist

☐ No Repetitive Gripping or Grasping ☐ No Use L/R Upper Extremity

☐ Brace On ☐ Sedentary Only/Sit Down Only

Lifting Restricted to (lbs) _____

Other: _____

 Next Appointment one-on

 Physician's Signature [Signature] Date 12/28/2016 09:45 AM

ORTHOPEDIC SURGICAL ASSOCIATES

85 Kirman Avenue, Suite #303 Reno NV 89502-1344

(775) 329-8423 / Fax (775) 329-7993

James S. Sobiek, M.D.

Donald S. Huene, M.D.

Patient Name: Lucero Sanchez

7/26/2016

Surgery On: 1/13/2017

Claim #13684

Complaint: Right Knees Pre op W/C

SUBJECTIVE FINDINGS:

OBJECTIVE FINDINGS:

RECOMMENDATIONS:

____ Patient Released to Full Duty without Restrictions on (date) _____

X Patient certified Temporarily Disabled From 1/11 to 1/18/17

____ Released to Restricted/Light/Modified Duty on (date) _____

Permanent and Stationary Yes _____ No _____

Stable Yes _____ No _____ Rateable Yes _____ No _____

____ No repetitive use of: _____

____ No Sitting _____ No Standing _____ No Pulling _____ No Carrying

____ No Stooping _____ No Lifting _____ No Pushing _____ No Walking

____ No Climbing _____ No Reaching Above Shoulders _____ No Bending at the Waist

____ No Repetitive Gripping or Grasping _____ No Use L/R Upper Extremity

____ Brace On _____ Sedentary Only/Sit Down Only

Lifting Restricted to (lbs) _____

Other: _____

1/18/17 845 am

Next Appointment _____

Physician's Signature [Signature] Date 1/11/2017 08:45 AM

43 Alan N. Taylor, DO

ORTHOPEDIC SURGICAL ASSOCIATES

85 Kirman Avenue, Suite #303 Reno NV 89502-1344

(775) 329-8423 / Fax (775) 329-7993

James S. Sobiek, M.D.

Donald S. Huene, M.D.

Patient Name: Lucero Sanchez

DOI: 7/26/2016

Surgery On: 1/13/2017

Claim #13684 -WC

Complaint: postop- R knee

SUBJECTIVE FINDINGS: 5 days post op. She is having a lot of pain.

OBJECTIVE FINDINGS:

RECOMMENDATIONS:

____ Patient Released to Full Duty without Restrictions on (date) _____

☒ Patient certified Temporarily Disabled From 1/18 to 2/6

____ Released to Restricted/Light/Modified Duty on (date) _____

Permanent and Stationary Yes _____ No _____

Stable Yes _____ No _____ Rateable Yes _____ No _____

____ No repetitive use of: _____

____ No Sitting _____ No Standing _____ No Pulling _____ No Carrying

____ No Stooping _____ No Lifting _____ No Pushing _____ No Walking

____ No Climbing _____ No Reaching Above Shoulders _____ No Bending at the Waist

____ No Repetitive Gripping or Grasping _____ No Use L/R Upper Extremity

____ Brace On _____ Sedentary Only/Sit Down Only

Lifting Restricted to (lbs) _____

Other: _____

Next Appointment 2 weeks

Physician's Signature James S. Sobiek Date 1/18/2017 08:45 AM

70. Admin. 10/10/17, 00

ORTHOPEDIC SURGICAL ASSOCIATES

85 Kirman Avenue, Suite #303 Reno NV 89502-1344

(775) 329-8423 / Fax (775) 329-7993

James S. Sobiek, M.D.

Donald S. Huene, M.D.

Patient Name: Lucero Sanchez

Claim #13684 -WC

JI: 7/26/2016

Complaint: reek- R Knee

Surgery On: 1-13-17

SUBJECTIVE FINDINGS: 24 days post op - is a little better - still has swelling - pain when walking - feels weak -

OBJECTIVE FINDINGS:

RECOMMENDATIONS:

☒ Patient Released to Full Duty without Restrictions on (date) _____

☐ Patient certified Temporarily Disabled From 2/6 to 2/20

☐ Released to Restricted/Light/Modified Duty on (date) _____

Permanent and Stationary Yes _____ No _____

Stable Yes _____ No _____ Rateable Yes _____ No _____

☐ No repetitive use of: _____

☐ No Sitting ☐ No Standing ☐ No Pulling ☐ No Carrying

☐ No Stooping ☐ No Lifting ☐ No Pushing ☐ No Walking

☐ No Climbing ☐ No Reaching Above Shoulders ☐ No Bending at the Waist

☐ No Repetitive Gripping or Grasping ☐ No Use L/R Upper Extremity

☐ Brace On ☐ Sedentary Only/Sit Down Only

Lifting Restricted to (lbs) _____

Other: _____

Next Appointment: 11 weeks Wed. Feb 22nd 9⁰⁰am

Physician's Signature [Signature] Date 2/6/2017 09:30 AM

ORTHOPEDIC SURGICAL ASSOCIATES

85 Kirman Avenue, Suite #303 Reno NV 89502-1344

(775) 329-8423 / Fax (775) 329-7993

James S. Sobiek, M.D.

Donald S. Huene, M.D.

Patient Name: Lucero Sanchez

I: 7/26/2016

Surgery On: 1/13/2017

Claim #13684 WC

Complaint: reek- R knee

SUBJECTIVE FINDINGS: Rt Knee reek - See P.T. note
 Rt knee not doing good gave out on
 her twice really swollen -

OBJECTIVE FINDINGS:

RECOMMENDATIONS:

____ Patient Released to Full Duty without Restrictions on (date) _____
☒ Patient certified Temporarily Disabled From 2/22 to 2 week

____ Released to Restricted/Light/Modified Duty on (date) _____

Permanent and Stationary Yes _____ No _____

Stable Yes _____ No _____ Rateable Yes _____ No _____

____ No repetitive use of: _____

____ No Sitting _____ No Standing _____ No Pulling _____ No Carrying

____ No Stooping _____ No Lifting _____ No Pushing _____ No Walking

____ No Climbing _____ No Reaching Above Shoulders _____ No Bending at the Waist

____ No Repetitive Gripping or Grasping _____ No Use L/R Upper Extremity

____ Brace On _____ Sedentary Only/Sit Down Only

Lifting Restricted to (lbs) _____

Other: _____

Next Appointment 2 week Thursday March 9th 8:45 AM

Physician's Signature [Signature] Date 2/22/2017 09:00 AM

43 Alan N. Taylor, DO

ORTHOPEDIC SURGICAL ASSOCIATES
85 Kirman Avenue, Suite #303 Reno NV 89502-1344
(775) 329-8423 / Fax (775) 329-7993

James S. Sobinek, M.D.

Donald S. Huana, M.D.

Patient Name: Lucero Sanchez
DOI: 7/26/2016
Surgery On: 1/13/2017
DOB:

Claim #13684 -WC
Complaint: rack- R knee

SUBJECTIVE FINDINGS: Rt Knee rack see PT. note - slowly getting better.

OBJECTIVE FINDINGS:

3/10/17 HER EMPLOYER DOES OFFER LIGHT DUTY AVAILABLE, UPON DISCUSSING WITH Dr. Sobinek he is okay releasing her to light duty with the following restrictions:
RECOMMENDATIONS:

☒ Patient Released to Full Duty without Restrictions on (date) 3/9
☒ Patient certified Temporarily Disabled From 3/9 to 3/9
☒ Released to Restricted/Light/Modified Duty on (date) 3/9
Permanent and Stationary Yes No
Stable Yes No Rateable Yes No
No repetitive use of:
 No Sitting No Standing No Pulling No Carrying
 No Stooping No Lifting No Pushing No Walking
 No Climbing No Reaching Above Shoulders No Bending at the Waist
 No Repetitive Gripping or Grasping No Use L/R Upper Extremity
 Brace On ☒ Sedentary Only/Sit Down Only

Lifting Restricted to (lbs) Other:

Elevate and Ice as needed, 10 min break as Thurs. April 6
needed for DVT prevention.
Next Appointment 1 mo 10:15am

Physician's Signature [Signature]Date 3/9/2017 08:45 AM

Received on 3/10/2017 2:51:04 PM [Pacific Standard Time]

03/10/2017

SANCHEZ - 001085

37

43 Alan N. Taylor, DO

O' IPOEDIC SURGICAL ASSOCIATES

85 Kirman Avenue, Suite #303 Reno NV 89502-1114

(775) 329-8423 / Fax (775) 329-7993

James S. Sobiek, M.D.

Donald S. Huene, M.D.

Patient Name: Lucero Sanchez

DOI: 7/26/2016

Surgery On: 1/13/2017

DOB:

Claim #13684 -WC

Complaint: reek- R knee

SUBJECTIVE FINDINGS: Rt Knee reek see P.T. note - slowly getting better.

OBJECTIVE FINDINGS:

RECOMMENDATIONS:

☒ Patient Released to Full Duty without Restrictions on (date) 3/14

☒ Patient certified Temporarily Disabled From 3/9 to 3/14

☒ Released to Restricted/Light/Modified Duty on (date) 3/15

Permanent and Stationary Yes ☐ No ☒

Stable Yes ☐ No ☐ Rateable Yes ☐ No ☐

☐ No repetitive use of: _____

☐ No Sitting ☐ No Standing ☐ No Pulling ☐ No Carrying

☐ No Stooping ☐ No Lifting ☐ No Pushing ☐ No Walking

☐ No Climbing ☐ No Reaching Above Shoulders ☐ No Bending at the Waist

☐ No Repetitive Gripping or Grasping ☒ No Use L/R Upper Extremity

☐ Brace On ☒ Sedentary Only/Sit Down Only

5076

Lifting Restricted to (lbs) _____

Other: _____

Thurs. April 6

10:15am

Next Appointment 7 mo

Physician's Signature [Signature] Date 3/9/2017 08:45 AM

ORTHOPEDIC SURGICAL ASSOCIATES

85 Kirman Avenue, Suite #303 Reno NV 89502-1344

(775) 329-8423 / Fax (775) 329-7993

James S. Sobiek, M.D.

Donald S. Huene, M.D.

Patient Name: Lucero Sanchez

7/26/2016

Surgery On: 1/13/2017

DOB:

Claim #13684 -WC

Complaint: reek- R knee

SUBJECTIVE FINDINGS: Rt Knee reek- See P.T. note 3/29 - Rom is better, but feels the same.

OBJECTIVE FINDINGS:

RECOMMENDATIONS:

____ Patient Released to Full Duty without Restrictions on (date) _____

____ Patient certified Temporarily Disabled From _____ to _____

____ Released to Restricted/Light/Modified Duty on (date) 4/6/17

Permanent and Stationary Yes _____ No ✓

Stable Yes _____ No _____ Rateable Yes _____ No _____

____ No repetitive use of: _____

____ No Sitting _____ No Standing _____ No Pulling _____ No Carrying

✓ No Stooping _____ No Lifting _____ No Pushing _____ No Walking

____ No Climbing _____ No Reaching Above Shoulders _____ No Bending at the Waist

____ No Repetitive Gripping or Grasping _____ No Use L/R Upper Extremity

____ Brace On _____ ✓ Sedentary Only/Sit Down Only 5090

Lifting Restricted to (lbs) 10 #

Other:

Next Appointment 7 mo

Thurs. May 4
10:15 AM

Physician's Signature [Signature] Date 4/6/2017 10:15 AM

43 Alan N. Taylor, DO

CONFIDENTIAL

ORTHOPEDIC SURGICAL ASSOCIATES

85 Kirman Avenue, Suite #303 Reno NV 89502-1344
(775) 329-8423 / Fax (775) 329-7993

James S. Sobiek, M.D.

Donald S. Huene, M.D.

3 view
2 mechant.
E-724

Patient Name: Lucero Sanchez

DOI: 7/26/2016

Surgery On: 1/13/17

DOB:

Claim #13684

Complaint: Rt Knee w/c recheck

SUBJECTIVE FINDINGS: Rt Knee recheck - called for P.T. note - no improvement - still swollen - pain about the same - did get worse last week - gives out -

OBJECTIVE FINDINGS:

RECOMMENDATIONS:

____ Patient Released to Full Duty without Restrictions on (date) _____

____ Patient certified Temporarily Disabled From _____ to _____

____ Released to Restricted/Light/Modified Duty on (date) 5/4 _____

Permanent and Stationary Yes _____ No ✓

Stable Yes _____ No _____ Rateable Yes _____ No _____

____ No repetitive use of: _____

____ No Sitting _____ No Standing _____ No Pulling _____ No Carrying

____ No Stooping _____ No Lifting _____ No Pushing _____ No Walking

____ No Climbing _____ No Reaching Above Shoulders _____ No Bending at the Waist

____ No Repetitive Gripping or Grasping _____ No Use L/R Upper Extremity

____ Brace On _____ ✓ Sedentary Only/Sit Down Only 50%

Lifting Restricted to (lbs) 10#

Other: _____

Next Appointment for infection

Physician's Signature [Signature] Date 5/4/2017 10:15 AM

RENOWN001540

[Signature]

TAHOE FRACTURE CLINIC {SUBJECT}

43 Alan N. Taylor, DO

CONFIDENTIAL

ORTHOPEDIC SURGICAL ASSOCIATES

85 Kirman Avenue, Suite #303 Reno NV 89502-1344

(775) 329-8423 / Fax (775) 329-7993

James S. Sobiek, M.D.

Donald S. Huene, M.D.

Patient Name: Lucero Sanchez

DOI: 7/26/2016

Surgery On:

DOB:

Claim #13684

Complaint: Rt Knee GelOne W/CSUBJECTIVE FINDINGS: Gel one inj-

CAT. NO. 00-1111-001-00 EDI: 00111100100
 Gel-One® Cross-linked Hyaluronate
 ZIMMER LOT 0016H12G
 ATTACH TO PATIENT'S RECORD
 6LA40400

OBJECTIVE FINDINGS:

RECOMMENDATIONS:

____ Patient Released to Full Duty without Restrictions on (date) _____

____ Patient certified Temporarily Disabled From _____ to _____

✓ Released to Restricted/Light/Modified Duty on (date) 6/7/17

Permanent and Stationary Yes _____ No _____

Stable Yes _____ No _____ Rateable Yes _____ No _____

____ No repetitive use of: _____

____ No Sitting _____ No Standing _____ No Pulling _____ No Carrying

____ No Stooping _____ No Lifting _____ No Pushing _____ No Walking

____ No Climbing _____ No Reaching Above Shoulders _____ No Bending at the Waist

____ No Repetitive Gripping or Grasping _____ No Use L/R Upper Extremity

____ Brace On _____ ✓ Sedentary Only/Sit Down Only 50%Lifting Restricted to (lbs) 10#

Other: _____

Next Appointment 1 mth7-5, @ 2:15pmPhysician's Signature [Signature]Date 6/7/2017 01:30 PM

RENOWN001541

43 Alan N. Taylor, DO

CONFIDENTIAL

ORTHOPEDIC SURGICAL ASSOCIATES

85 Kirman Avenue, Suite #303 Reno NV 89502-1344
(775) 329-8423 / Fax (775) 329-7993

James S. Sobiek, M.D.

Donald S. Huene, M.D.

Patient Name: Lucero Sanchez

DOI: 7/26/2016

Surgerv On:

DOB:

Claim #13684 -WC

Complaint: reek- R knee

SUBJECTIVE FINDINGS: 1mth post Gel one inj. - still has swelling - activity bothers her.

OBJECTIVE FINDINGS:

RECOMMENDATIONS:

____ Patient Released to Full Duty without Restrictions on (date) _____

____ Patient certified Temporarily Disabled From _____ to _____

____ Released to Restricted/Light/Modified Duty on (date) 7/5 _____

Permanent and Stationary

Yes

____ No

Stable Yes

____ No

Rateable Yes

____ No

____ No repetitive use of: _____

____ No Sitting ____ No Standing ____ No Pulling ____ No Carrying

____ No Stopping ____ No Lifting ____ No Pushing ____ No Walking

____ No Climbing ____ No Reaching Above Shoulders ____ No Bending at the Waist

____ No Repetitive Gripping or Grasping ____ No Use L/R Upper Extremity

____ Brace On ____ Sedentary Only/Sit Down Only

Lifting Restricted to (lbs) _____

Other:

sitting PR

Next Appointment 7/5

Physician's Signature [Signature]

Date 7/5/2017 02:15 PM

Permanent

CONFIDENTIAL

PATIENT NAME: Lucero Sanchez

DATE: August 16, 2017

She is here for an evaluation of her left knee. Of note, she fell directly on both knees during her industrial injury on July 26, 2016. She has gone through an injection, followed by a lateral release for her right knee and still has problem with prolonged standing and walking with the left knee, mostly I think due to retropatellar chondromalacia. Her left knee is not nearly as bad. She has not had swelling. She mostly has crepitus and pain beneath her kneecap, which started at the time of this injury as well.

PHYSICAL EXAMINATION: On exam today, she has 1 to 2+ retropatellar crepitus and lateral patellofemoral facet tenderness. She has no medial or lateral joint line tenderness. She has no varus, valgus or AP instability. She has no calf tenderness or pretibial swelling.

X-RAYS: Five-view x-rays taken in the office today show very mild spurring off the lateral patellofemoral joint and mild spurring about the medial compartment. There is good bone stock. The patella looks like it is tracking well.

IMPRESSION: Retropatellar chondromalacia, almost a year status post injury, which is mild to moderately limiting to her.

RECOMMENDATIONS: I think an excellent option at this point, as she has done therapy for both knees in the past, would be for viscosupplementation. We will put in for this. We will keep her on full duty work regarding her left knee and see her back for her injection.

James S. Sobiek, M.D.

scs60

RENOWN001558

43 Alan N. Taylor, DO

CONFIDENTIAL

ORTHOPEDIC SURGICAL ASSOCIATES
85 Kirman Avenue, Suite #303 Reno NV 89502-1344
(775) 329-8423 / Fax (775) 329-7993
James S. Sobiek, M.D. Donald S. Huene, M.D.

Patient Name: Lucero Sanchez

Claim #13684

DOI: 7/26/2016

Complaint: Lt knee NI W/C

Surgery On:

DOB:

SUBJECTIVE FINDINGS: Left knee - She turned and tripped on cables, both knees impacted on the floor, pain beneath her knee Cap - mostly has pain - & swelling -

OBJECTIVE FINDINGS:

RECOMMENDATIONS:

☒ Patient Released to Full Duty without Restrictions on (date) 8/16

☐ Patient certified Temporarily Disabled From _____ to _____

☐ Released to Restricted/Light/Modified Duty on (date) _____

Permanent and Stationary Yes _____ No _____

Stable Yes _____ No _____ Rateable Yes _____ No _____

☐ No repetitive use of: _____

☐ No Sitting ☐ No Standing ☐ No Pulling ☐ No Carrying

☐ No Stooping ☐ No Lifting ☐ No Pushing ☐ No Walking

☐ No Climbing ☐ No Reaching Above Shoulders ☐ No Bending at the Waist

☐ No Repetitive Gripping or Grasping ☐ No Use L/R Upper Extremity

☐ Brace On ☐ Sedentary Only/Sit Down Only

Lifting Restricted to (lbs) _____

Other: _____

Next Appointment For infection

Physician's Signature [Signature] Date 8/16/2017 01:30 PM

RENOWN001543

[Signature]

CONFIDENTIAL

DATE OF SERVICE: September 6, 2017

PATIENT NAME: Lucero Sanchez

CHIEF COMPLAINT: She is back for a Monovisc injection of the left knee.

HISTORY OF PRESENT ILLNESS: Again, she has had bilateral knee problems after a fall at work quite a while ago. She is still complaining of right knee pain where she had grade 4 changes, retropatellar, as well as chondral changes of her medial femoral condyle.

MEDICATIONS: Same as previous, reviewed and signed.

ALLERGIES: Same as previous, reviewed and signed.

EXAMINATION: On exam today, she has mostly patellofemoral facet tenderness.

IMPRESSION: Retropatellar chondromalacia, left knee.

PLAN/PROCEDURES: I have sterilely injected her left knee today with 1 amp of Monovisc and 1 cc of Celestone. She was observed in the office and was stable. She tolerated the procedure well and we will see her back in a month. We will keep her on full duty work.

She also has numerous complaints about bilateral ankle pain and states this is under her work claim though I think she would need to return to her occupational primary care doctor to have this worked up prior to being sent here, if she has any surgical indications, or she can be seen by podiatry or a foot and ankle specialist, such as Dr. Lundeen.

James S. Sobiek, M.D.
scs60

44 Alan N. Taylor, DO

CONFIDENTIAL

ORTHOPEDIC SURGICAL ASSOCIATES
85 Kirman Avenue, Suite #303 Reno NV 89502-1344
(775) 329-8423 / Fax (775) 329-7993
James S. Sobiek, M.D. Donald S. Huene, M.D.



Patient Name: Lucero Sanchez
DOI: 7/26/2016
Surgery On:
DOB:

Claim #13684 WC
Complaint: Left Knee

SUBJECTIVE FINDINGS: Monovisc inj - has ankle pain-

OBJECTIVE FINDINGS:

RECOMMENDATIONS:

☒ Patient Released to Full Duty without Restrictions on (date) 9/6/17
____ Patient certified Temporarily Disabled From _____ to _____
____ Released to Restricted/Light/Modified Duty on (date) _____
Permanent and Stationary Yes _____ ☒ No
Stable Yes _____ No _____ Rateable Yes _____ No _____
____ No repetitive use of: _____
____ No Sitting _____ No Standing _____ No Pulling _____ No Carrying
____ No Stooping _____ No Lifting _____ No Pushing _____ No Walking
____ No Climbing _____ No Reaching Above Shoulders _____ No Bending at the Waist
____ No Repetitive Gripping or Grasping _____ No Use L/R Upper Extremity
____ Brace On _____ Sedentary Only/Sit Down Only

Lifting Restricted to (lbs) _____
Other: _____

Next Appointment 1 mo

Physician's Signature [Signature] Date 9/6/2017 11:00 AM

Wed. Oct. 4

11:00 AM

RENOWN001544

CONFIDENTIAL

DATE OF SERVICE: October 4, 2017

PATIENT NAME: Lucero Sanchez

CHIEF COMPLAINT: Left knee follow up.

HISTORY OF PRESENT ILLNESS: She is seen back after a Monovisc injection of her left knee. She did have improvement.

MEDICATIONS: Same as previous, reviewed and signed.

ALLERGIES: Same as previous, reviewed and signed.

EXAMINATION: On exam, there are no signs of DVT distally. She has a trace amount of swelling today.

IMPRESSION: Retropatellar chondromalacia, left knee.

PLAN/PROCEDURES: She is not symptomatic enough that I would recommend any kind of MRI as I do not think she would be symptomatic to the point she would need surgical intervention and she agrees. She is getting close to the point of claim closure though I would like to give it one more month with light duty and then, hopefully, try to get her back to full duty work or she may need permanent restrictions. We will keep her on this light duty and see her back in one month. She is also working on trying to get her ankles open for an evaluation by a foot and ankle specialist and I have discussed this with her as well though I am not currently treating her ankles.

James S. Sobiek, M.D.
scs09

RENOWN001560

44 Alan N. Taylor, DO

CONFIDENTIAL

ORTHOPEDIC SURGICAL ASSOCIATES

85 Kirman Avenue, Suite #303 Reno NV 89502-1344

(775) 329-8423 / Fax (775) 329-7993

James S. Sobiek, M.D.

Donald S. Huene, M.D.

Patient Name: Lucero Sanchez

DOI: 7/26/2016

Surgerv On:

DOB:

Claim #13684 WORKERS CHOICE

Complaint: Left Knee

SUBJECTIVE FINDINGS:

Lt Knee reek - post monovise inj. 9/6/17 - Injection
helped for 2wks - pain - pops - Ankle's swell - walks/stands a lot
@ work - Swells on/off - mainly @ the end of shift.

OBJECTIVE FINDINGS:

RECOMMENDATIONS:

____ Patient Released to Full Duty without Restrictions on (date) _____

____ Patient certified Temporarily Disabled From _____ to _____

✓ Released to Restricted/Light/Modified Duty on (date) 10/4/17

Permanent and Stationary Yes _____ No ☒

Stable Yes _____ No _____ Rateable Yes _____ No _____

____ No repetitive use of: _____

____ No Sitting _____ No Standing _____ No Pulling _____ No Carrying

✓ No Stooping _____ No Lifting _____ No Pushing _____ No Walking

✓ No Climbing _____ No Reaching Above Shoulders _____ No Bending at the Waist

____ No Repetitive Gripping or Grasping _____ No Use L/R Upper Extremity

____ Brace On _____ ☒ Sedentary Only/Sit Down Only 7590

Lifting Restricted to (lbs) 20 #

Other: _____

Next Appointment no

Physician's Signature [Signature] Date 10/4/2017 11:00 AM

Thurs. Nov. 9
2:30pm

RENOWN001545

CONFIDENTIAL

DATE OF SERVICE: November 9, 2017

PATIENT NAME: Lucero Sanchez

CHIEF COMPLAINT: She is back for a recheck of her left knee patellofemoral syndrome status post viscosupplementation.

HISTORY OF PRESENT ILLNESS: She is better though only because she has not been working where she has to lift and constantly be on her feet.

MEDICATIONS: Same as previous, reviewed and signed.

ALLERGIES: Same as previous, reviewed and signed.

EXAMINATION: On exam today, there is no sign of DVT.

IMPRESSION: Left knee patellofemoral syndrome.

PLAN/PROCEDURES: I think, based on both knees, that she would be best off with permanent restrictions and I have written her for this. She is permanent and stationary, stable and ratable for both knees and her permanent restrictions will be no stooping, no climbing, sedentary position 75% of the time, and lifting restricted to 20 pounds. No follow up is needed.

James S. Sobiek, M.D.
scs09

RENOWN001562

TAHOE FRACTURE CLINIC {SUBJECT}

CONFIDENTIAL

44 Alan N. Taylor, DO

ORTHOPEDIC SURGICAL ASSOCIATES

85 Kirman Avenue, Suite #303 Reno NV 89502-1344

(775) 329-8423 / Fax (775) 329-7993

James S. Sobiek, M.D.

Donald S. Huene, M.D.

Patient Name: Lucero Sanchez

DOI: 7/26/2016

Surgery On:

DOB:

Claim #13684

Complaint: Lt Knee W/C reekSUBJECTIVE FINDINGS: Lt Knee reek. Is a little better, but she has not been working.

OBJECTIVE FINDINGS:

RECOMMENDATIONS:

Patient Released to Full Duty without Restrictions on (date) _____

Patient certified Temporarily Disabled From _____ to _____

✓ Released to Restricted/Light/Modified Duty on (date) 11/7/17

Permanent and Stationary

Yes

No

Stable Yes NoRateable Yes No

No repetitive use of: _____

No Sitting No Standing No Pulling No Carrying

✓ No Stooping No Lifting No Pushing No Walking

✓ No Climbing No Reaching Above Shoulders No Bending at the Waist

No Repetitive Gripping or Grasping No Use L/R Upper Extremity

Brace On

✓ Sedentary Only/Sit Down Only 75% 20Lifting Restricted to (lbs) 20#

Other: _____

Next Appointment _____

Physician's Signature [Signature] Date 11/9/2017 02:30 PM

RENOWN001546